APPLICATION FOR EXEMPTION TO THE SAFETY STAND-DOWN ORDER CONCERNING NON-NOAA AIRCRAFT

On November 19, 2004, the Under Secretary issued a stand-down order prohibiting the use of non-NOAA aircraft for official NOAA business. Under the terms of the stand-down order, Assistant Administrators (AA), Deputy Assistant Administrators (DAA), or Staff Office Directors may request an exemption from the stand-down from the Director of NOAA Marine and Aviation Operations (NMAO) where *exceptional circumstances* exist. Currently, aircraft may be obtained for support of NOAA business from NOAA's Aircraft Operations Center, the U.S. Military and Coast Guard, and by utilizing the Interagency Agreement between NOAA and the U.S. Department of Interior. The following sets forth the process for requesting an exemption and information that should be submitted in support of a request.

I. Submission of Exemption Requests

In the event of exceptional circumstances, a request for exemption may be submitted in writing, signed by the Line Office AA, DAA, or Office Director, to the Director of NMAO. Line and staff offices seeking exemptions should coordinate their requests with the liaisons identified on the "contacts" tab of the NOAA aviation safety website http://www.aviationsafety.noaa.gov.

II. Information Requirements

Each exemption request shall include the information requested below to the extent it is available and appropriate. Incomplete applications may result in a delay to the risk assessment process. Providing the requested information will not ensure approval of an exemption. Rather, information provided will be used by NMAO to perform an operational risk assessment.

1. Exceptional Circumstances

Please set forth all exceptional circumstances warranting exemption from the safety stand-down order, including the following information:

| A. | Exceptional | circumstances | necessitating | proposed | flight | operations. |
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B. The consequences of failing to conduct proposed flight operations.

| C. | The reason why NOAA aircraft, U.S. Military or Coast Guard aircraft, or aircraft available through the Interagency Agreement between NOAA and Department of Interior cannot provide flight operations. |
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| D. | All known alternatives to conducting the proposed flight operations, including adverse impacts associated with each alternative. |
| E. | The nature and purpose of the proposed flight operations. |
| F. | The NOAA program affected. |
| 2. | Flight Information |
| Ide | ntify the following: |
| A. | The proposed aircraft provider(s) (include contact information - name, address, and phone). |
| | |
| В. | The proposed date(s) of flight operations. |
| C. | The proposed number of total flight hours required. |

| D. | The proposed flight profile (including the flight location, day/night, weather conditions, altitude, speed, duration, and distance offshore if over water). |
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| E. | The names of all NOAA employees required to be onboard the aircraft. (<i>Note:</i> Where used in this document, the term "NOAA Employee" refers to any person considered an employee of NOAA, a contract employee of NOAA, or any individual who meets the definition of an employee under Public Law 103-3 (Federal Employees Compensation Act)). Next to each name, include affiliation with NOAA (employee, contractor, graduate student, etc.). |
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| 3. | Aircraft Provider Information |
| | Provide the information requested below. If readily available, include supporting documentation. If information is obtained through interviewing the proposed provider, include the name and phone number of the interviewer and the provider contact interviewed. (<i>Note:</i> the information requested below references Federal Aviation Administration (FAA) requirements. If proposed flight operations will occur internationally, identify all comparable international requirements that may be applicable.) |
| A. | If an interview was conducted to obtain information about the aircraft provider, insert the name and phone number of the interviewer and the provider contact below. |
| NC | Phone Provider Contact Name Phone Phone |

| В. | List the providers prior experience conducting comparable flight operations. This information should include "recency of experience," and contact information (references) for prior "customers" for which comparable flight operations were performed. |
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| C. | Identify the FAA Operating Certificate (14 CFR 91, 119, 135, 121, etc.) under which the provider operates. |
| D. | List or reference all operating rules under which the provider proposes to conduct flight operations for NOAA (14 CFR 91, 135, 121, etc.). |
| E. | Identify the aircraft to be used for the proposed flight operations, including: |
| 1. | The aircraft make and model. |
| 2. | The number and type of engines (piston, turboprop, jet, etc.). |
| 3. | The type of Airworthiness Certificate issued to the aircraft (Standard, Restricted, etc.), and the airworthiness certificate country of origin. |
| 4. | Whether or not the aircraft is owned by the provider and listed on the provider's air carrier/operator certificate (where appropriate). If the aircraft is not owned by the provider identify the aircraft owner. |
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| F. | Provide the following information about pilots to be used during proposed flight operations: |
| 1. | The number of pilots (per aircraft). |
| 2. | The pilot certificate (type and number) and ratings for each pilot. Include the country of origin for each pilot certificate. |
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| Each pilot's employment status with the provider (full time, part-time, sub-contractor, etc.). Confirm that the provider's Operations Manual contains information about: Select all topics that are covered in the Operations Manual, if no manual exists or the topic is not covered, leave it blank Management and administration of the provider's flight program, including the roles, responsibilities, and qualification criteria for all personnel within the provider's organization. Mission preparation, including weight and balance calculations. Procedures for filing flight plans and monitoring aircraft location during flight. Accident notification requirements. Flight and duty time limitations for aircrew and maintenance personnel. FAA approved drug and alcohol testing program for aircrew and maintenance personnel. FAA or manufacturers approved maintenance program. Reporting and recording of aircraft maintenance discrepancies. Aircraft Minimum Equipment List (MEL). Training for aircrew and maintenance personnel (initial and recurrent). Hazardous materials identification and handling. Flight safety and survival. | | The experience level of each pilot (including total flight hours, time in make and model, time in make and model within the past 6 months, and level of experience with operations similar to the flight operation proposed). |
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| G. Confirm that the provider's Operations Manual contains information about: Select all topics that are covered in the Operations Manual, if no manual exists or the topic is not covered, leave it blank 1. Management and administration of the provider's flight program, including the roles, responsibilities, and qualification criteria for all personnel within the provider's organization. 2. Mission preparation, including weight and balance calculations. 3. Procedures for filing flight plans and monitoring aircraft location during flight. 4. Accident notification requirements. 5. Flight and duty time limitations for aircrew and maintenance personnel. 6. FAA approved drug and alcohol testing program for aircrew and maintenance personnel. 7. FAA or manufacturers approved maintenance program. 8. Reporting and recording of aircraft maintenance discrepancies. 9. Aircraft Minimum Equipment List (MEL). 10. Training for aircrew and maintenance personnel (initial and recurrent). 11. Hazardous materials identification and handling. | | |
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| 11. Hazardous materials identification and handling. | | 9. Aircraft Minimum Equipment List (MEL). |
| | | 10. Training for aircrew and maintenance personnel (initial and recurrent). |
| 12. Flight safety and survival. | | 11. Hazardous materials identification and handling. |
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4. NOAA Employee Aviation Safety Training and Equipment Information

Provide the safety training information and Aviation Life Support Equipment (ALSE) information requested below. If readily available, include supporting documentation. (*Note:* Where used in this section, the term "NOAA Employee" refers to any person considered an employee of NOAA, a contract employee of NOAA, or any individual who meets the definition of an employee under Public Law 103-3 (Federal Employees Compensation Act)).

A. Provide the information requested in the table, if additional space is needed, please attach the additional information to the application.

| NOAA Employee Name | Aviation Survival Training (Basic, Water, Arctic, etc) | Training Provider | Date of most recent training |
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B. List all Aviation Life Support Equipment (Vest, HEED, Personal Locator Beacon, Life Raft (type), Immersion Suit, Helmet, etc.) to be provided to NOAA employees for this flight activity and the source of that equipment (NOAA or aircraft provider).

III. Review of Exemption Requests

Requests will be reviewed on a case-by-case basis. The Director of NMAO will examine the information submitted to determine whether exceptional circumstances exist and will review the operational risk assessment analysis. The Director of NMAO will then, in consultation with the NOAA General Counsel, determine whether or not to grant an exemption to the stand-down order. NMAO will endeavor to provide a decision within 72 hours (3 working days) of receipt of a completed request. All exemptions granted shall be in writing, and signed by the Director of NMAO.

In the event of emergencies that either preclude submission of an exemption request in the manner set forth above, or that require a decision within less than 72 hours, the Assistant Administrator, Deputy Assistant Administrator or Staff Office Director may contact the Director of NMAO, who may determine the extent, if any, to which review of an exemption request may depart from the process set forth above.

| IV. Line Office Point of Contact for Exemption Application | | | |
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| | rovide the name and phone number of AO needs more information to perform | of the person who prepared this orm an operational risk assessment of the | |
| Printed Name | | Phone | |
| | V. <u>Line Office Certificat</u> | tion_ | |
| | nt Administrator, Deputy Assistant Amption request meets the Line Office | Administrator, or Staff Office Director e determination of "exceptional | |
| Printed Name | Signature | Date | |
| | | | |
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| FOR NMAO USE ONLY: | Date Received: | Tracking Number: |
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